PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 2004_0388A

CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY		•	R THAN
T	OTAL CLAIM	S			(Column 2)		}	YPE [OR	SMALL	ENTITY
· · · · · · · · · · · · · · · · · · ·			37				1 1-	RATE	FEE	4 .	RATE	FEE
FOR .			NUMBER FILED		NUM	NUMBER EXTRA		ASIC FE	E 385.00	OR	BASIC FEI	F 770.00
-		ABLE CLAIMS	37 minus 20= *		* 1	17		X\$ 9=		OR	X\$18=	306
INI	DEPENDENT (CLAIMS	7 minus 3 = 4					X43=		OR	X86=	32/1
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			TOTAL	11122	
CLAIMS AS AMENDED - PART II								IOIAL		OR		1420
(Column 1) (Colu						(Column 3)	. 5	SMALL	ENTITY	OR	OTHER SMALL	
A		CLAIMS		HIGHE	ST				ADDI-	7		ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· .	=		X43=	·	OR	X86=	Ü
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			145=		OR	+290=	
							4-	TOTAL	-	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DIT. FEE (]	ADDIT. FEE!	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=,	>	(\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		(43=	,		Voc	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	IPLE DEPENDENT CL						OR	X86=	
						+	145=		OR	+290=		
	•	·	•	· · · · · ·			TOTAL IT. FEE L		OR A	TOTAL DDIT. FEE		
I		1'2)	(Column 3)									
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Y	\$ 9=			X\$18=	
	Independent	*	Minus	Value		=	-			OR		·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X	43=	<u>.</u>	OR	X86=	
+ If	the entry in colum	nn 1 is loss than the	onto in col	ma 2			+1	45=		OR	+290=	
1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
11	the Highest Nur	mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is le	ess than	3 enter *3 *'		the appro	opriate box		•	